

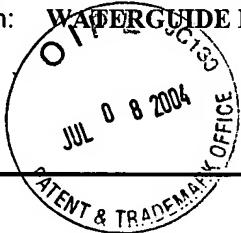
**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)
(Small Entity)**

Docket No.
24/1197US

In Re Application Of: Hickok, et al.

Serial No.	Filing Date	Examiner	Group Art Unit
10/715,228	11/17/2003	TBD	3732

Invention: WATERGUIDE DESIGN AND METHOD AND TUBE ASSEMBLY FOR USE THEREWITH



TO THE COMMISSIONER FOR PATENTS:

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response to the Office Action of 11/17/2003 in the above-identified application.

The requested extension is as follows (check time period desired):

- One month Two months Three months Four months Five months

from: April 13, 2004 *Date* until: July 13, 2004 *Date*

A verified statement of small entity status as a small entity under 37 CFR 1.27:

- is enclosed.
 - has already been filed in this application.

The fee for the extension of time is \$475 and is to be paid as follows:

- A check in the amount of the fee is enclosed.
 - The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. _____
 - If an additional extension of time is required, please consider this a petition therefor and charge any additional fees which may be required to Deposit Account No. _____

Dated: July 7, 2004

Signature

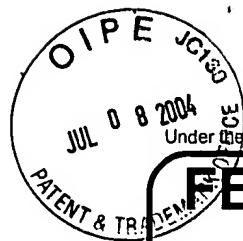
**Kirk A. Damman
Lewis, Rice & Fingersh, LC
Box IP Department
500 North Broadway, Suite 2000
St. Louis, MO 63102**

I certify that this document and fee is being deposited on [redacted] with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Signature of Person Mailing Correspondence

Typed or Printed Name of Person Mailing Correspondence

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FEET TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)
\$540.00

Complete if Known

Application Number	10/715,228
Filing Date	11/17/2003
First Named Inventor	Hickok, et al
Examiner Name	TBD
Art Unit	3732
Attorney Docket No.	24/1197US

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

Deposit Account:

Deposit Account Number	
Deposit Account Name	

The Director is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
- Charge any additional fee(s) or any underpayment of fee(s)
- Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
1051 130	2051 65	Surcharge - late filing fee or oath	65.00
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non - English specification	
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 420	2252 210	Extension for reply within second month	
1253 950	2253 475	Extension for reply within third month	
1254 1,480	2254 740	Extension for reply within fourth month	
1255 2,010	2255 1,005	Extension for reply within fifth month	
1401 330	2401 165	Notice of Appeal	
1402 330	2402 165	Filing a brief in support of an appeal	
1403 290	2403 145	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,330	2453 665	Petition to revive - unintentional	
1501 1,330	2501 665	Utility issue fee (or reissue)	
1502 480	2502 240	Design issue fee	
1503 640	2503 320	Plant issue fee	
Total Claims	-20** = 0	X = 0.00	
Independent Claims	-3** = 0	X = 0.00	
Multiple Dependent		=	
Fee Code (\$)	Fee Code (\$)	Fee Description	
1202 18	2202 9	Claims in excess of 20	
1201 86	2201 43	Independent claims in excess of 3	
1203 290	2203 145	Multiple dependent claim, if not paid	
1204 86	2204 43	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (1) (\$)			
Extra Claims	Fee from below	Fee Paid	
Total Claims	-20** = 0	X = 0.00	
Independent Claims	-3** = 0	X = 0.00	
Multiple Dependent		=	
Fee Code (\$)	Fee Code (\$)	Fee Description	
1202 18	2202 9	Claims in excess of 20	
1201 86	2201 43	Independent claims in excess of 3	
1203 290	2203 145	Multiple dependent claim, if not paid	
1204 86	2204 43	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)	\$0.00		
Other fee (specify)			

**or number previously paid, if greater; For Reissues, see above

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

\$540.00

SUBMITTED BY

Name (Print/Type)	Kirk A. Damman	Registration No. (Attorney/Agent)	42,461	Telephone	314-444-7783
Signature			Date	July 7, 2004	

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.